

Practitioner's Docket No. ARC2865R1



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lam, Andrew C.; Shivanand, Padmaja; Ayer, Atul D.; Weyers, Richard G.; Gupta, Suneel K.; Guinta, Diane R.; Christopher, Carol A.; Saks, Samuel R.; Hamel, Lawrence G.; and Wright, Jeri D.

Application No.: 09/253,317

Group No.: 1614

Filed: 02/19/1999

Examiner: Zohreh Fay

For: Methods and Devices for Providing Prolonged Drug Therapy

TECH CENTER 1600/2230

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$890.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

Date:

30 NOV 2000

Signature

PAUL B. SIMBOLI

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col.1) | | (Col. 2) | (Col. 3) | OTHER THAN A SMALL ENTITY | |
|--|---|-------|---------------------------------------|------------------|------------------------------|---------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee |
| Total | 47 | Minus | 34 | = 13 | x \$18 = | \$234 |
| Indep. | 8 | Minus | 7 | = 1 | x \$80 = | \$80 |
| First Presentation of Multiple Dependent Claim | | | | | + \$270 = | \$0 |
| | | | | | Total Addit. Fee | <u>\$314</u> |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$314.00

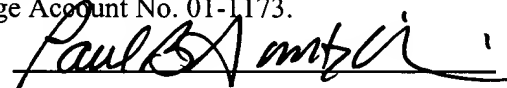
FEE PAYMENT

5. Charge Account No. 01-1173 the sum of \$1,204.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 01-1173.
 If any additional fee for claims is required, charge Account No. 01-1173.

Date: 30 NOV 2000



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